

# Form CPF 102ND: Campaign Finance Report OF CAMBRIDGE Office of Campaign and Political Finance ELECTION COMMISSION

Commenwealth of Massachusotts	2611 JAN 24 P 7: 04
File with: Director	CPF ID#
Office of Campaign and Political Finance One Ashburton Place	O.1 D.
Boston, MA 02108 (617) 727-8352 Please print or type all inform	ation, except signatures.
Fill in dates:  Reporting Period Beginning 61 0 20	
Type of report: (Check one)  ☐8th day preceding primary ☐8th day preceding election [4]	year-end report  dissolution  30 days after special election
RICHARL Harding Full Name of Candidate  Combridge School Committee  Office Sought/District  187 WINDON St. CAMBRING MA  Residential Address  Tel. No. (optional)	CTE. RECHAND HARDENG  Committee Name  MOACEN BARBOSA  Name of Committee Treasurer  34 PINE SA. CAMUNENCE MA 02139  Committee Mailing Address  Tel. No. (optional)
Ten res (opinions)	
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	(page 2, line 11)  \$ 391.33  eriod (page 3, line 14) \$ 304.45  line 4)  \$ 86.88  this period (page 4)  \$ 5,375.54
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf of Signed under the penalty of t	
contributions, incurred any liabilities nor made any expenditures on my behalf du  Candidate without committee OR Candidate with independent activity for a certify that I have examined this report, and attached schedules and it is, to the behalf of the contribution of the certify that I have examined this report.	best of my knowledge and belief, a true and complete statement of all campaign nmittee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period.  Illing separate report best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the f this formulate in accordance with the requirements of M.G.L. c. 55.

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# and a

Date Received	r on each page.  Name and Residential Address  (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
			ļ		
			ļ		
			,		
Line 9:	Total receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)		<u> </u>		
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID#

and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
1/6/10	MONGER BARBOSA	34 PENEST. CAMARENGE, MA	Rembusement	292	46
12/31	CITEZEN'S BANK	CAMBRED GE, MA	Rembusement BANN FEES	9	94
12/31	CITEZEN'S BANK	CAMBRE NGE, MA	BANN FEES	2	66
			·		
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***************************************					
	,				
		Line 12: Expenditures over \$50			ļ
			: Expenditures \$50 and under*	<del> </del>	1
	Enter on page 1, line 4	Line 14	: TOTAL EXPENDITURES	304	45

<sup>\*</sup> If you have itemized expenditures \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
2005	RECHARD HARDENG	187 WEAVISON St	LOAN TO CAMPARIA	3694.54
2007	RECHAMI HAMPENC	187 WINDSON St	LOAN TO CAMPARGIN	7000
2007	RECHARD HARDENG	187 WENNYOL ST.	LOAN TO CAMPACGE	981.06
				P20 = 11
	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	5375.54

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page. Page 4